

**Chambers County**  
**Job Description Review Form**  
**(This form is to be used to review and/or update Job Descriptions)**

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_ Current Job Title \_\_\_\_\_

This form should be used by the supervisor and employee to perform a review of the employee's job description at least annually or as may be needed due to changes in the employee's responsibilities.

This job description review and/or update does not constitute a job reclassification for an individual. The Performance Evaluation Committee may determine that a job description be submitted for reclassification.

The following duties and/or responsibilities are in addition to your base job description which is attached:

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"I, the undersigned, have carefully read the attached job description and additional responsibilities and duties noted above and I fully understand all that is stated herein. I agree to perform all of the responsibilities and duties stated herein."

\_\_\_\_\_  
Employee's Signature and Acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Supervisor's Signature

\_\_\_\_\_  
Date

(Once completed, Return to the Human Resources Department)